PRINTED: 11/05/2015 **FORM APPROVED**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 C B. WING HAL060019 10/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6000 PARK SOUTH DRIVE **BRIGHTON GARDENS OF CHARLOTTE** CHARLOTTE, NC 28210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Complaint Survey by Don Schlagle on October 8, 2015 and continued by Ed Miller on October 16, 2015. Records indicated that the facility was first licensed on March 10, 1997. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled -Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy, FACILITY IS LICENSED FOR 125 BEDS (25 BED SCU UNIT) The complaint alleged that the facility had made changes to their locking system for the SCU without getting Construction Sections and the Fire Official's consultation, review and approval. Complaint was substantiated. Physical plant deficiencies were noted which require a plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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C 101 Continued Fro	Continued From page 1												
no addition or than those rec "Minimum and Regulations" for copies of which Health Services Raleigh, North This Rule is referred to the services and the services are unit had components results and the services of the serv	Continued From page 1 no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility's special care unit had locked exits that did not have all the components needed to comply with the 1996 NC State Building Code, Special Locking Section 1012.6. This could affect all residents, staff and visitors if they cannot egress quickly through these lock exits during an emergency. Findings on October 16, 2015: a. Section 1012.6.1. 4. E. requires an "emergency release switch shall be provided for each locked door and located within 3 ft. of the door." There was no emergency release switch provided at the following doors. i. SCU/AL separating interior door, no emergency release switch on either sides. ii. Gate, no emergency release switch on courtyard side. b. Section 1012.6.1. 4. C. requires a wiring diagram and system components map under glass at the fire alarm panel. There was no wiring diagram and system components map at the fire			C 101									

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C 101	Continued From pa	ige 2	C 101										
	a. The gate from the space instead of	the back courtyard swings into of out as required.											

6899

Division of Health Service Regulation STATE FORM